

Homeowner Assistance Claim (for income received in 2004) 9000H

STEP 1**Name and address**

Your first name	Initial	Last name
Spouse's first name	Initial	Last name
Present home address — number and street, PO Box or rural route		Apt. no. PMB no.
City, town, or post office		State ZIP Code

STEP 2**Social security number (SSN)**Your SSNYour Spouse's SSN**IMPORTANT:**

Your SSN is required.

STEP 3**Filing status**

1. Are you a United States citizen? Check "Yes" or "No" • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.

2. Benefit Eligibility for Noncitizens • 2a. ☐ YES ☐ NO
If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a.
Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY)

2b. Alien Status Code

2c. Alien Registration Number

3. Check the appropriate box if you were one of the following on December 31, 2004:

☐ A. 62 years or older (See **Note** on page 5, line 3a) • A ☐

☐ B. Under 62 and blind • B ☐

☐ C. Under 62 and disabled (not blind) • C ☐

4. Enter your date of birth (example: 0 5 / 2 1 / 1 9 4 2) • 4. ☐ YES ☐ NO
You must enter your date of birth MM DD YYYY
See instructions on page 5 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Homeowner Assistance claim.

Date of Entry

Date of Birth

STEP 4**Property information**

5. Did you own and live in your home on December 31, 2004 5. ☐ YES ☐ NO
If "No," STOP. You do **not** qualify for homeowner assistance.

a. Enter the NET value of your property. See page 6 • 5a. \$

6. Is your property used for rental and/or business as well as personal use? 6. ☐ YES ☐ NO
If you checked "Yes," enter the estimated percentage of property devoted to your personal use. See page 6 ▶ 6a. %

7. List name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. See page 6.

Name	Relationship	Did this person live in your home in 2004?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name	Relationship	<input type="checkbox"/> YES <input type="checkbox"/> NO

Enter your percentage of ownership ▶ 7. %

STEP 5

Yearly income of household members

Enter your household income for the 2004 calendar year below. Include the income of your spouse and certain other household members. See instructions for other household members on page 6 and page 7.

8. Social Security and/or Railroad Retirement 8.

(Dollars)

(Cents)

9. Interest, Dividends, and/or Gain (or Loss) 9.

10. Pensions, Annuities, and IRA distributions 10.

11. SSI/SSP, (Gold Check). See page 7 11.
(full-year total)

12. Rental and Business Income (or Loss). See page 7 12.

13. Other Income (including wages). See page 7 13.

14. SUBTOTAL. Add line 8 through line 13 14.

STEP 6

Adjustments to income

15. Adjustments to income. See page 7 15.

STEP 7

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2004.

Subtract line 15 from line 14 • 16.

If line 16 is more than \$39,699, STOP. You do not qualify.

Do you receive Temporary Assistance for Needy Families, formerly Aid to Families with Dependent Children (AFDC)?

☐ YES ☐ NO

STEP 8

Property tax paid and homeowner assistance claimed

17. PROPERTY TAX FOR 2004/2005 • 17.

DO NOT INCLUDE SPECIAL OR DIRECT ASSESSMENTS.

Amount on line 17 cannot exceed 1% of the full value of the home.

See page 8 to see if you must attach a copy of your 2004/2005 property tax bill.

You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.

18. Homeowner assistance claimed. (Cannot exceed \$472.60)

See page 8 ■ 18.

Reminder

If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP 9

Signature, date, and telephone number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled, pursuant to this claim, to the address listed in step one.

Sign Here ➡

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • ()

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡

Date

Check if self-employed
☐

Preparer's social security number/PTIN

FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡

FEIN

TELEPHONE ()

Do not write in this space

Do not write in this space

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